

## Application Data Sheet

### Application Information

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Method For Differentiating Breast Ducts For  
Cancer Risk Status  
Attorney Docket Number:: 005284.00214  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Hung  
Name Suffix::  
City of Residence:: Belmont  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 2634 Belmont Canyon Road  
  
City of mailing address:: Belmont  
State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94002

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Middle Name::  
Family Name:: Love  
Name Suffix::  
City of Residence:: Pacific Palisades  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 16593 Via Floresta  
  
City of mailing address:: Pacific Palisades

State or Province of mailing address:: California  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90272

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/852,145	05/10/01
09/852,145	Non-Provisional of	60/203,416	05/10/00
09/852,145	Non-Provisional of	60/289,536	05/09/01

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name: Cytec Health Corporation  
Street of mailing address: 85 Swanson Road  
City of mailing address: Boxborough  
State or Province of mailing address: Massachusetts  
Country of mailing address: United States  
Postal or Zip Code of mailing address: 01719